PART B - FEE(S) TRANSMITTAL

* Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

| | | | or <u>Fax</u> (57 | 1)-273-2885 | | |
|---|---|--|--|---|---|---|
| INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifica | form should be used to correspondence including below or directed off tions. | for transmitting the ISSI on the Patent, advance on the Patent, advance on the patent is the second of the ISSI of | JE FEE and PUBLICAT rders and notification of the process of the p | ION FEE (if required). I maintenance fees will be spondence address; and/or | Blocks I through 5 sh mailed to the current or r (b) indicating a separ | ould be completed where correspondence address as rate "FEE ADDRESS" for |
| CURRENT CORRESPONDENCE ADDRESS (Noie: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | |
| 23409 | | /2007 | | Certificate | of Mailing or Transa | niceian |
| MICHAEL BEST & FRIEDRICH LLP 100 E WISCONSIN AVENUE Suite 3300 MILWAUKEE, WI 53202 | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
| WILWAUREE, WI 33202 | | | | Sharon A. Johnson (Depositor's name) | | |
| | | | | Shawki | a Johns | (Signature) |
| | | | | 9/28, | 107 | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | АТТО | RNEY DOCKET NO. | CONFIRMATION NO. |
| 10/520,298 10/19/2005 Rail | | | f Schroder genannt Berghegger 041165-9080-00 5075 | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 12/12/2007 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | ן | | |
| STERRETT, JEFFREY L | | 2838 | 363-019000 | j | | |
| 1. Change of corresponde | ence address or indicatio | n of "Fee Address" (37 | 2. For printing on the p | patent front page, list | Mıcha | el Best & |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or ty | | | |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | |
| (A) NAME OF ASSIGNEE | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | |
| FRIWO MOBILE POWER GMBH Ostbevern, Germany | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔘 Government | | | | | | |
| 4a. The following fee(s): Sue Fee Publication Fee (N Advance Order - 1 | to small entity discount p | | Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO 2038 is attached. Filed Electronically overpayment, to Deposit Account Number 13 3000 (enclose an extra copy of this form). | | | |
| 5. Change in Entity Sta | tus (from status indicate s SMALL ENTITY state | , | | ger claiming SMALL EN | | |
| | | | | | | e assignee or other party in |
| Authorized Signature | ~ · ~ | Haut | . Office. | Date 9/28 | • | |
| Typed or printed name Julie A. Haut | | | | Registration No. | 51,789 | |
| This collection of inform an application. Confiden submitting the completes this form and/or suggesti | ation is required by 37 C tiality is governed by 35 d application form to the | CFR 1.311. The information U.S.C. 122 and 37 CFR U.S.C. 122 and 37 CFR USPTO. Time will vary rden should be sent to the | on is required to obtain or 1.14. This collection is es depending upon the individual of the chief Information Office. | retain a benefit by the pub timated to take 12 minutes vidual case. Any commen | , | by the USPTO to process) g gathering, preparing, and to you require to complete typen of Commerce, P.O. |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.